## PART B - FEE(S) TRANSMITTAL

d d	nis form, together wi		fee(s), to: <u>Mail</u> or Fax	(703) 746-4000	for Patents rginia 22313-1450	should be completed where
INSTRUCTIONS: This form should be seed for transmitting the ISSUE FEE and PUE appropriate. All further coefficients and notification indicated unless corrected below a frected otherwise in Block 1, by (a) specifying a nemaintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  40987 7590 11/12/2004  AKERMAN SENTERFITT  P. O. BOX 3188  WEST PALM BEACH, FL 33402-3188				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.  (Depositor's name)		
						(Date)
APPLICATION NO. 09/596,257	06/16/2000	FIRST NAMED IN			ATTORNEY DOCKET NO.	CONFIRMATION NO.
TITLE OF INVENTION: LO	OCATION TRANSPAREN			,	6169-155	3198
APPLN. TYPE	SMALL ENTITY NO	ISSUE F		UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
		\$1370		\$0 	\$1370	02/14/2005
EXAMINER		ART UNIT		LASS-SUBCLASS 719-318000	J	
CAO, D  1. Change of correspondence CFR 1.363).  Change of corresponde Address form PTO/SB/12  "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required.	For printing on     (1) the names of or agents OR, alte     (2) the name of a registered attorne 2 registered paten	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  1 01 FC:1501 30.00 DA 1370.00 OP  International Business Machines Corporation, Armonk, NY						
Please check the appropriate assignce category or categories (will not be printed on the patent):						
4a. The following fee(s) are enclosed:  **Elssue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Advance Order - # of Copies  Deposit Account Number 50-0951 (enclose an extra copy of this form).						
5. Change in Entity Status (	from status indicated above IALL ENTITY status. See 3		Dh. Annlicent is no	langer elsiming Cha	ALL ENTITY status. See 37 C	
					sly paid issue fee to the applications or the attorney or agent; or the	
Authorized Signature Siehn U. Hur				Date November 24, 2004		
Typed or printed name _ F	Richard A. Hins	on, Esqui	Registration	n No. 47,652		
Talonalia, Tilgilla 22313-1	150.			or retain a benefit by s estimated to take 12 individual case. Any c officer, U.S. Patent and S TO THIS ADDRES	the public which is to file (and minutes to complete, includin omments on the amount of tin I Trademark Office, U.S. Depp S. SEND TO: Commissioner displays a valid OMB control	

Application No.

: 98/596,257

Confirmation No.

3198

**Applicant** 

TRAUE ARE

Nusbickel June 16, 2000

Filed TC/A.U.

2126

Examiner

Cao, Diem K.

Docket No.

6169-155

IBM Docket No.

BOC9-2000-0012

## TRANSMITTAL LETTER

MAIL STOP ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Please find enclosed for filing:

- 1. Form PTOL-85B (Issue Fee, Advanced Order)
- 2. Fee Address Indication Form (PTO/SB/47)
- 3. Check in the amount of \$1,370.00
- 4. Please charge any deficiencies or credit any overpayment to Deposit Account No. 50-0951.

This Transmittal Letter as well as the Fee Transmittal Form PTOL-85B are submitted in duplicate.

Respectfully submitted,

Date:

04

Gregory A. Nelson, Registration No. 30,577 Richard A. Hinson, Registration No. 47,652

**AKERMAN SENTERFITT** 

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